

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **58**

FILED FEB 11 1958

Registration District No. **4** Primary Registration District No. **4014** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Fairfax Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Fairfax Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTE Community Hosp. 15 Min.				d. STREET ADDRESS (If outside, give location) Reside on Farm 0030 Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) EDWARD WILLIAM CATRON				4. DATE OF DEATH Feb. 2 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 30 1905 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug store		11. BIRTHPLACE (City and state or country) Fairfax Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William R. Catron				14. MOTHER'S MAIDEN NAME Essie Howard			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ***** 495-07-0054		17. INFORMANT Address Mrs. William Catron Fairfax Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion & myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) myocardial infarction	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? 4201 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:20 a. m. 2/2/58 p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2/2/58 to 2/2/58 and last saw him alive on 2/2/58		Death occurred at 4:20 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Widermeyer (Degree or title)				22b. ADDRESS Tarkio Mo		22c. DATE SIGNED 2/4/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb. 5, 1958		23c. NAME OF CEMETERY Home Cemetery		23d. LOCATION (City, town, or county) (State) Tarkio Missouri	
24. FUNERAL DIRECTOR Schooler Funeral Home		ADDRESS Fairfax Mo		25. DATE RECD. BY LOCAL REG. Feb 4, 1958		26. REGISTRAR'S SIGNATURE Therwin A. Schaefer	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herwin N. School*

Licensed Embalmer No. *41*

P. O. Address *Fairfax*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.